

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **JA398280**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

<b>OFFICER INFORMATION</b>		<b>INCIDENT INFORMATION</b>																																		
NAME (LAST - FIRST - M.I.) <b>CABRALES, JUAN M</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <span style="background-color: black; color: black;">[REDACTED]</span>																																		
STAR NO. <b>19023</b>	POSITION <b>POLICE OFFICER</b>	<b>CITY</b> <input checked="" type="checkbox"/> CHICAGO <b>STATE (If outside Chicago)</b> <span style="background-color: black; color: black;">[REDACTED]</span>																																		
DATE OF APPOINTMENT <b>01-MAY-2006</b>	EMPLOYEE NO. <span style="background-color: black; color: black;">[REDACTED]</span>	<b>LOCATION CODE</b> <b>269-PARK PROPERTY</b> <b>BEAT OF OCCURRENCE</b> <b>0824</b> <b>DATE OF OCCURRENCE</b> <b>19-AUG-2017</b> <b>TIME</b> <b>20:47:00</b> <b>DAY OF WEEK</b> <b>SATURDAY</b>																																		
UNIT OF ASSIGNMENT <b>008</b>	BEAT/CALL NO. <b>0862B</b>																																			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>HISPANIC</b>	DOB <span style="background-color: black; color: black;">[REDACTED] 1981</span>																																		
HEIGHT <b>508</b>	WEIGHT <b>164</b>	NO. OF OFFICERS BATTERED <u>1</u>																																		
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b> <table border="0"> <tr> <td><input checked="" type="checkbox"/> 1. ON DUTY</td> <td>WORKING:</td> </tr> <tr> <td><input type="checkbox"/> A. UNIFORM, PATROL DUTY</td> <td><input type="checkbox"/> A. ALONE</td> </tr> <tr> <td><input type="checkbox"/> B. UNIFORM, OTHER DUTY</td> <td><input checked="" type="checkbox"/> B. WITH ONE PARTNER</td> </tr> <tr> <td>Describe _____</td> <td><input type="checkbox"/> C. WITH MULTIPLE PARTNERS</td> </tr> <tr> <td colspan="2">How many? _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> C. CITIZEN'S DRESS</td> <td>PATROL TYPE:</td> </tr> <tr> <td><input type="checkbox"/> D. TACTICAL</td> <td><input checked="" type="checkbox"/> A. SQUAD CAR</td> </tr> <tr> <td><input type="checkbox"/> E. B.I.S. UNIT</td> <td><input type="checkbox"/> B. FOOT</td> </tr> <tr> <td><input type="checkbox"/> F. SPECIAL EMPLOYMENT</td> <td><input type="checkbox"/> C. BICYCLE</td> </tr> <tr> <td><input type="checkbox"/> G. OTHER _____</td> <td><input type="checkbox"/> D. APV/MOTORCYCLE</td> </tr> <tr> <td><input type="checkbox"/> 2. OFF DUTY</td> <td><input type="checkbox"/> E. SQUADROL</td> </tr> <tr> <td><input type="checkbox"/> 3. SPECIAL EMPLOYMENT</td> <td><input type="checkbox"/> F. OTHER _____</td> </tr> <tr> <td><input type="checkbox"/> 4. SECONDARY / OTHER</td> <td></td> </tr> </table>					<input checked="" type="checkbox"/> 1. ON DUTY	WORKING:	<input type="checkbox"/> A. UNIFORM, PATROL DUTY	<input type="checkbox"/> A. ALONE	<input type="checkbox"/> B. UNIFORM, OTHER DUTY	<input checked="" type="checkbox"/> B. WITH ONE PARTNER	Describe _____	<input type="checkbox"/> C. WITH MULTIPLE PARTNERS	How many? _____		<input checked="" type="checkbox"/> C. CITIZEN'S DRESS	PATROL TYPE:	<input type="checkbox"/> D. TACTICAL	<input checked="" type="checkbox"/> A. SQUAD CAR	<input type="checkbox"/> E. B.I.S. UNIT	<input type="checkbox"/> B. FOOT	<input type="checkbox"/> F. SPECIAL EMPLOYMENT	<input type="checkbox"/> C. BICYCLE	<input type="checkbox"/> G. OTHER _____	<input type="checkbox"/> D. APV/MOTORCYCLE	<input type="checkbox"/> 2. OFF DUTY	<input type="checkbox"/> E. SQUADROL	<input type="checkbox"/> 3. SPECIAL EMPLOYMENT	<input type="checkbox"/> F. OTHER _____	<input type="checkbox"/> 4. SECONDARY / OTHER							
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<b>OFFENDER INFORMATION</b> <table border="0"> <tr> <td>SEX <input checked="" type="checkbox"/> 1. M    <input type="checkbox"/> 2. F</td> <td>RACE <b>WHITE HISPANIC</b></td> <td>DOB <span style="background-color: black; color: black;">[REDACTED] 1985</span></td> </tr> <tr> <td>CB NO. <b>19525034</b></td> <td colspan="2">IR NO.</td> </tr> </table>					SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE HISPANIC</b>	DOB <span style="background-color: black; color: black;">[REDACTED] 1985</span>	CB NO. <b>19525034</b>	IR NO.																											
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WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <table border="0"> <tr> <td><input type="checkbox"/> 1. YES</td> <td><input type="checkbox"/> 1. YES</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2. NO</td> <td><input checked="" type="checkbox"/> 2. NO</td> </tr> <tr> <td><input type="checkbox"/> 3. UNKNOWN</td> <td><input type="checkbox"/> 3. UNKNOWN</td> </tr> </table>					<input type="checkbox"/> 1. YES	<input type="checkbox"/> 1. YES	<input checked="" type="checkbox"/> 2. NO	<input checked="" type="checkbox"/> 2. NO	<input type="checkbox"/> 3. UNKNOWN	<input type="checkbox"/> 3. UNKNOWN																										
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NO. OF OFFENDERS PRESENT? <u>1</u>																																				
<b>TYPE OF INJURY TO OFFICER</b>		<b>WEATHER CONDITIONS</b>																																		
A. FATAL B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<input checked="" type="checkbox"/> A. CLEAR      D. FOG / SMOKE / HAZE      G. OTHER <input type="checkbox"/> B. RAIN      E. SLEET / HAIL <input type="checkbox"/> C. SNOW      F. SEVERE CROSS WIND																																		
LIGHTING CONDITIONS AT INCIDENT																																				
A. DAYLIGHT      D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		APPROXIMATE OUTDOOR TEMPERATURE: <u>79 °</u> <span style="background-color: black; color: black;">[REDACTED] 1086383</span>																																		

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE  
CABRALES, JUAN M

STAR NO.  
19023

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
BAY, ROGER J

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